

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME Policy Number IRA GELNIK Company NAIC Number BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 3103 ATLANTIC AVENUE ZIP CODE CITY STATE 08403 LONGPORT NJ PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) **BLOCK 71 LOT 5.05** BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL HORIZONTAL DATUM: SOURCE: GPS (Type): LATITUDE/LONGITUDE (OPTIONAL) X USGS Quad Map Other: DELORME (N 39-18.881 W 74-31.371) X NAD 1927 □ NAD 1983 3-D TOPO QUADS SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** B3. STATE LONGPORT 345302 ATLANTIC N.I B7. FIRM PANEL B9. BASE FLOOD ELEVATION(S) **B4. MAP AND PANEL** B5. SUFFIX **B6. FIRM INDEX DATE** EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S) (Zone AO, use depth of flooding) NUMBER 8-15-1983 8-15-1983 100 A-8 0001 R B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Other (Describe): ☐ FIS Profile X FIRM Community Determined ☐ NAVD 1988 ☐ Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: Construction Drawings* Building Under Construction* X Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum 1929 Conversion/Comments NO CONVERSION Elevation reference mark used RM-1 Does the elevation reference mark used appear on the FIRM? X Yes \sum No a) Top of bottom floor (including basement or endosure) 8. 0 ft.(m) Seal ☐ b) Top of next higher floor 11.0ft.(m) Embossed (☐ c) Bottom of lowest horizontal structural member (V zones only) **NA**. __ft.(m) d) Attached garage (top of slab) 8.0 ft.(m) e) Lowest elevation of machinery and/or equipment icense Number, servicing the building (Describe in a Comments area) 10.5 ft.(m) ☐ f) Lowest adjacent (finished) grade (LAG) 7. 7 ft.(m) g) Highest adjacent (finished) grade (HAG) 10. 2 ft.(m) ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 4 i) Total area of all permanent openings (flood vents) in C3.h 2000 SEE COMMENTS sq. in. (sq. cm) SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME GORDON M. LUDWIG LICENSE NUMBER 24GS03353100 TITLE LAND SURVEYOR COMPANY NAME POINT TO POINT SURVEYING CO., L.L.C. **ADDRESS** CITY STATE ZIP CODE P.O. BOX 299 SOMERS POINT NJ 08244 DATE SIGNATURE TELEPHONE role M. 8-23-05 REV 2-22-06 609-927-9295

DI III DINIC CTDEET ADDDECC (In-	aces, copy the corresponding information			For Insurance Company Use:
3103 ATLANTIC AVENUE	duding Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUT	E AND BOX NO.		Policy Number
CITY LONGPORT		STATE NJ	ZIP CODE 08403	Company NAIC Number
	SECTION D - SURVEYOR, ENGINEER,	OR ARCHITECT CE	RTIFICATION (CONTINUI	ED)
Copy both sides of this Elevation	n Certificate for (1) community official, (2) insurance	agent/company, and (3) building owner.	
	FOUNDATION. 2, 848 SQUARE INCHES ON S. CE APPEARS TO HAVE BEEN FILLED TO LEVI			ON FRONT PORTION OF
				Check here if attachments
SECTION E - BUI	ILDING ELEVATION INFORMATION (SUR	VEY NOT REQUIRE) FOR ZONE AO AND ZO	NE A (WITHOUT BFE)
or Zone AO and Zone A (without	BFE), complete Items E1 through E4. If the Eleva	tion Certificate is intende	d for use as supporting informa	ation for a LOMA or LOMR-F,
Section C must be completed.				
represents the building, provide	Select the building diagram most similar to the build de a sketch or photograph.) cluding basement or enclosure) of the building is			,
	h openings (see page 7), the next higher floor or ele and C3.i on front of form.	evated floor (elevation b)	of the building isft.(m)	in.(cm) above the highest adjacent
1.75 I	hinery and/or equipment servicing the building is	ft.(m)in.(cm) al	oove or Delow (check one) the highest adjacent grade. (Use
	depth number is available, is the top of the bottom	floor elevated in accorda	nce with the community's floor	plain management ordinance?
Yes No Unkno	own. The local official must certify this information	in Section G.		
	SECTION F - PROPERTY OWNER (OR	OWNER'S REPRES	ENTATIVE) CERTIFICATION	N
	uthorized representative who completes Sections		· · · · · · · · · · · · · · · · · · ·	ithout a FEMA-issued or community-
issued BFE) or Zone AO must si	ign here. The statements in Sections A, B, C, and	E are correct to the best	of my knowledge.	
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